

FILED DEC 13 1957

Dr. Matthews

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39679
STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 387

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Elston, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS No Street Number	
3. NAME OF DECEASED (Type or print) First Middle Last Karney None Collett		4. DATE OF DEATH Month Day Year Dec 7 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug-9-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		11. BIRTHPLACE (City and state or country) Elston, Missouri	
13a. FATHER'S NAME Jasper N. Collett		14. NAME OF HUSBAND OR WIFE Mary Noland Collett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4200	
17. INFORMANT Address Mary Collett, Elston, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of the myocardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic coronary artery thrombosis DUE TO (c) Arteriosclerotic heart disease	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs Indefinite	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY. STATE	
21. I attended the deceased from 5/25/57 to 12/7/57 and last saw her alive on 11/16/57 Death occurred at 12/30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Matthews MD (Degree or title)		22b. ADDRESS 302 Holivar	
22c. DATE SIGNED 12/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/57	
23c. NAME OF CEMETERY OR CREMATORY Elston Cemetery		23d. LOCATION (City, town, or country) (State) Elston, Missouri	
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo		25. DATE RECD. BY LOCAL REG. 9 Dec 1957	
26. REGISTRAR'S SIGNATURE R. C. Dorris, MS-MR.			

DEC 8 0 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 1286

P. O. Address Jeff City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.